MEDICAID MEMO

TO: All Providers of Long-Term Services and Supports, Acute Care Hospitals (Hospital Screeners), Rehabilitation Hospitals (Hospital Screeners), Local Departments of Social Services (Community Based Screeners), Local Health Departments (Community Based Screeners) and Managed Care Plans

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 8/17/2017

SUBJECT: Commonwealth Coordinated Care Plus (CCC Plus) Managed Care Program – CCC Plus Program Member Status and Exclusions for the Program of All-Inclusive Care for the Elderly and Certain Nursing Facilities

The purpose of this memorandum is to provide hospital and community screeners (pre-admission screeners) for Medicaid funded Long-Term Services and Supports (LTSS) information about accessing Medicaid member status for the CCC Plus (CCC Plus) Managed Care Program and to provide additional information to screeners regarding members' choice related to the Program of All-Inclusive Care for the Elderly (PACE) and certain nursing facilities.

Accessing Individual Member Status

All DMAS enrolled providers including hospital and community based screening agencies are able to verify Medicaid eligibility through the Automated Response System (ARS) using the Virginia Medicaid Provider Portal https://www.virginiamedicaid.dmas.virginia.gov/wps/portal. Currently, all Medicaid enrolled providers are required to verify Medicaid enrollment of members monthly. The same system, ARS, will show whether a member is currently enrolled or will be enrolled in the CCC Plus Managed Care Program. As members are assigned to a CCC Plus health plan, the status of the enrollment is reflected in the member eligibility information data available on the 21st of every month for the first of the following month.

For example, Medicaid enrolled providers can see assignment information beginning on July 21st for individuals who have an August 1st start date in the Tidewater Region. Local departments of social services have internal access to the Virginia Medicaid Management Information System (VAMMIS) and will be able to access member eligibility through VAMMIS. Please refer to the screen print on the next page that shows the CCC Plus Program enrollment and health plan status for the individual.

**Virginia Medicaid Web Portal Screen Print
Showing CCC Plus Enrollment and Health Plan Information**

Eligibility Inquiry

Service Date From: 08/01/2017   Service Date To: 08/31/2017   Confirmation Number:

Member Information

Name: Date of Birth: Member   Member SSN:

Benefit Plan

Plan Description - CoPay Indicator ▲	Plan From ▲	Plan To ▲	Provider ID ▲	Provider Name ▲	Provider Phone ▲
MEDICAID FFS - C	08/01/2017	08/31/2017			
XIX CCCP TD	08/01/2017	08/31/2017	0247725788	UNITEDHEALTHCARE COMMUNITY PLAN	877-843-4366
MED CO & DED	08/01/2017	08/31/2017			

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CCCP = CCC Plus
TD = Tidewate

CCC Plus Plan and Provider Services Phone #

TPL Spans

Carrier Code ▲	Carrier Name ▲	Coverage Type ▲	CoPay Amount ▲	Policy Number ▲	Policy Begin Date ▲	Policy End Date ▲
00001	MEDICARE	47	0.00			12/31/9999
00001	MEDICARE	96	0.00			12/31/9999
00001	MEDICARE	88	0.00			12/31/9999

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Patient Pay Information

Begin Date ▲	End Date ▲	Patient Pay ▲	Status ▲
08/01/2017	08/31/2017	570.00	ACTIVE

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[CoPay Amounts] [Service Limits] [Choose a Different Member]

Choice of Providers – Certain Nursing Facilities and PACE

The role of the screening teams has not changed; teams will continue to conduct screenings in accordance with the DMAS Pre-Admission Screening Provider Manual (June 2, 2017 issuance), currently found in Chapter IV. When individuals meet the functional level of care criteria for Medicaid funded LTSS, screeners will continue to discuss the choices available to the individual: home and community based services (waiver or PACE) or institutional (nursing facility). If the individual chooses the PACE Program, the screener will make the referral directly to the PACE program providing services in the individual's jurisdiction. Enrollment in PACE will result in automatic disenrollment from the CCC Plus Program.

Certain nursing facilities (NFs) fall outside of the scope of the CCC Plus Program. These NFs are those facilities operated by the Veteran's Administration, The Virginia Home Nursing Facility, and local-government owned NFs. Individuals who become eligible for Medicaid

LTSS may choose to receive services from one of these facilities. Placement in one of these NFs result in automatic disenrollment from the CCC Plus Program. Individuals must be fully informed that the selection of one of these NFs will end their participation in the CCC Plus Program, and, as a result, they would not be eligible to receive any enhanced benefits offered through the CCC Plus health plans. Below is a list of the NFs exempt from the CCC Plus Program.

CCC Plus Excluded Nursing Facilities	NPI
Bedford County Nursing Home	1669440715
Birmingham Green	1477586550
Dogwood Village of Orange County Health	1932216546
Lake Taylor Transitional Care Hospital *(Different from Lake Taylor Long-Stay Hospital)*	1336101039
Lucy Corr Nursing Home	1992713812
The Virginia Home Nursing Facility	1669432951
Virginia Veterans Care Center	1730187048
Sitter & Barfoot Veterans Care Center	1619184645

Each screener is responsible for informing each individual of the choice between home and community based services and institutional care. Screeners must inform each individual of the disenrollment in the CCC Plus Program upon enrollment into the PACE Program. For individuals who choose institutional services and should select one of the nursing facilities falling outside of the scope of the CCC Plus Program, the screener must inform the individual of the automatic disenrollment from the CCC Plus Program upon admission to the NF and the loss of enhanced benefits provided through CCC Plus. Individuals should be advised that questions about their enhanced benefits under CCC Plus should be directed to their care coordinator.

Upon completion of the screening, the screener shall fax the screening package to the appropriate CCC Plus Program health plan serving the individual shown on the table below. Specific information related to screening forms and questions related to screenings are addressed in the DMAS Pre-Admission Screening Provider Manual, Chapter IV.

CCC Plus Health Plan Contact Information for Local Screening Teams

CCC Plus Health Plan	FAX Number for Screening Documents	Care Coordination Phone Number
Aetna Better Health of Virginia	844-459-6680	855-652-8249
Anthem HealthKeepers Plus	844-864-7853	855-323-4687 (Option 4)
Magellan Complete Care of Virginia	866-210-1523	800-424-4524
Optima Health Community	757-351-0633	866-546-7924

		Care
UnitedHealthcare Community Plan	855-770-7088	877-843-4366
Virginia Premier Health Plan	877-794-7954	877-719-7358 press option 3-3-2-1

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)
Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS
Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- ➢ Medallion 3.0:
  http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- ➢ Commonwealth Coordinated Care (CCC):
  http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- ➢ Commonwealth Coordinated Care Plus (CCC Plus):
  http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- ➢ Program of All-Inclusive Care for the Elderly (PACE):
  http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS
Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL
DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL
Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"
The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.